	<del></del>							<del></del>					
	PATENT	T APPLICATION	TON RECO	RD	Application or Docket Number								
_	Effective October 1, 2003												
		CLAIMS A	AS FILED (Colum			lumn 2)		MALL EI	NTITY	OR		R THIAN ENTITY	
T	FOTAL CLAIMS	S						RATE	FEE	7	RATE	FEE	
F	OR		NUMBER	A FILED	NUM	BER EXTRA	В	BASIC FEE	<del></del>	OR	BASIC FEE	<del> </del>	
TC	OTAL CHARGE	EABLE CLAIMS	m	ninus 20=	*			XS 9=		OR	V242	<u> </u>	
INI	IDEPENDENT C	CLAIMS	u	ninus 3 =	*		-	X43=		1	X86≃	<del></del>	
MI	JLTIPLE DEPE	ENDENT CLAIM P	PESENT				·  -		<del> </del>	OR			
* [	f the differenc	ce in column 1 is	· less than 7	zero enter		catumn 2	L.,	+145=		OR	+290=		
		CLAIMS AS A		•		201011111 2	Ĭ	TOTAL		OR	L	L	
-	·	(Column 1)	<b>MENULL</b>	. <b>D - PAR1</b> (Colun		(Column 3)	ξ	SMALL E	ENTITY	OB	OTHER SMALL E		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	e ( ) BER DUSLY	PRESEUT		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	
AMENDMENT	Total	1. /0/	Minus	** 4	7	=		XS 9=	FL.	OR	XS18=	1	
MEN	Independent	* 6	Minus	1 (	2 1		-	X43::		1 1	X86=	<del></del>	
4	FIRST PRESE	ENTATION OF MU	ULTIPLE DE	PENDENT	CLAIM		<u> </u>	Xaas	l!	OR			
					-		<u> </u>	+145≃		OR	+290=		
							AD	TOTAL DOIT FEE		OR ,	TOTAL ADDIT FEE		
		(Column 1) CLAIMS	T	(Colum		(Column 3)	-		<del></del>	٠ ,			
MENDMENT B		REMAINING AFTER AMENDMENT	·	NUMB PREVIO	BER DUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		.u.'		XS 9 -		OR	X\$18=		
> L	Inaspendent		Minus	***		=		X43=		OR	X86=	· .	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-			1 1	<u> </u> '	 	
	••						<u> </u>	+145= TOTAL		OR	+290= TOTAL	<u> </u>	
							ADI	TOTAL DOT FEE	لـــــــــا	OR.	ADDIT FEE		
7	·	(Column 1) CLAIMS	<del>!                                    </del>	(Colum		(Column 3)		· · · · · · · · · · · · · · · · · · ·	· ·	- ,			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	BER DUSLY	PRESENT EXTRA	F	RATE	AUŪI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
åļ.	Total		Minus	** '		=	· [;	X\$9=		OR	X\$18=		
J K	Independent	1	Minus	***		=		X43=		1	X86=		
<u>-1</u> 1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• If	the entry in colur	mn 1 is less than the	o catru in coli	a write	"O" in or	Commanda .	+	+1 <b>4</b> 5=		OR	+290=		
** 11 1	the "Highest Nun	mn 1 is less than the mber Previously Pai mber Previously Pai	aid For" IN THIS	IS SPACE is I	less that	an 20. enter "20."	ADI	TOTAL DIT. FEE		OR A	TOTAL ADDIT. FEE		
, Ti	ne Highest Num	inder Previously Paid	J For (Total o	S SPACE 15	nt) is the	n 3, enter 3. highest number			ropriate box	x in col	umn 1.		